Question Number	Question	Response	Date Posted
FAQ 1	How long can I submit FAQ questions and when will they be posted?	The HPC will accept questions through the FAQ submission deadline of March 23, 2018, with the final FAQ posting approximately one week later. Questions submitted through the FAQ process will be answered on a rolling basis with HPC staff posting answers on an approximately weekly basis.	1/19/2018
Budgeting 1	Are fringe or indirect costs allowed as reimbursable elements of the budget?	No. Indirect and Fringe expenses are not eligible for reimbursement by the HPC in this program and they are not in the Budget.	1/19/2018
Budgeting 2	In what ways can the 25% match be achieved?	SHIFT-Care is structured as a reimbursement contract. For every expense listed in the approved budget, Awardees will pay the full expense. On a periodic basis, provided that the Awardee demonstrates that it has paid the requested amount(s), submitted all Deliverables, and met all other Program requirements, the HPC will reimburse the Awardee 75% of the requested amount. The Awardee is responsible for the remaining 25%.

As an example, if a community health worker is included in the budget, the Awardee will pay his or her full salary or wages, and on a periodic basis, will demonstrate proof of that payment to the HPC. The HPC would then reimburse 75% of the requested salary/wage amount, with the Awardee responsible for the remaining 25%.
Please note that this FAQ response has been simplified for illustrative purposes, and does not supersede the details provided in the SHIFT-Care Challenge Terms & Conditions. Please refer to the SHIFT-Care Challenge Terms and Conditions for additional details about the reimbursement process and requirements. | 1/19/2018 |
| Budgeting 3 | Will there be a cap on money for purchase of technology? | There is no cap on technology expenses. The total Award may not exceed $750,000. | 1/19/2018 |

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Budgeting 4	Can grant funding be used for transportation?	Yes	1/26/2018
Budgeting 5	Can DSRIP serve as the funding source for the in-kind contribution?	The HPC does not have any restrictions on the source of the Applicant's in-kind funding. Please note that the HPC does not approve DSRIP budgets and any decision relating to DSRIP is determined by MassHealth.	2/2/2018
Budgeting 6	Do all Partners have to be allocated grant funds?	No, funding for partners is not a requirement. However, funding of partners in the proposed Initiative is a competitive factor described in Section V of the RFP. The HPC does not have a minimum amount of funding that Applicants should provide to partners but will review proposed budgets to assess overall impact of funding on the Initiative.	2/2/2018
Budgeting 7	Can existing salaries be included in the HPC portion of the budget?	Yes, to the extent an existing employee will be assuming new responsibilities in support of the proposed Initiative, the portion of the employee's salary attributable to the Initiative may be reimbursed by the HPC.	2/2/2018
Budgeting 8	Does the in-kind funding have to come from the Applicant/partners or can it come from outside grant funding or gift money?	The HPC does not have any restrictions on the source of the Applicant's in-kind funding.	2/2/2018
Eligibility 1	Are BHCPs considered ACO participants for the purpose of being an eligible entity?	Yes, if the Behavioral Health Community Partner meets the definition of ACO Participant in Section III of the RFP.	1/19/2018
Eligibility 2	Can large behavioral health organizations that are certified ACOs be considered applicants or is this role restricted to the CHART eligible hospitals? In other words can a hospital be a partner rather than the applicant?	Any Provider or Provider Organization may be an Applicant on a Proposal, as defined in Section III of the RFP. A hospital may be a Partner instead of the Applicant as long as it meets the definition of Partner as stated in Section III of the RFP.	1/19/2018

Question Number	Question	Response	Date Posted
Eligibility 3	For track 2b, are applicants restricted to Hospitals with EDs?	Yes, an Applicant for Track 2bmust be a hospital with an Emergency Department.	1/19/2018
Eligibility 4	Can a government (agency local or state) serve as a partner?	A government agency may serve as a Partner if it meets the definition of Partner in Section III of the RFP.	1/19/2018
Eligibility 5	Could an application be submitted by a payer partnering with a provider organization?	Payers are not eligible Applicants (see Section III of the RFP for definition of Eligible Entity).	1/19/2018
Eligibility 6	Would ACO entities be considered separate applicant organizations from their affiliated hospital organizations?	Yes, ACOs and affiliated hospitals may be considered separate Applicants as long as they both meet the definition of Applicant as stated in the RFR (Section III).	1/19/2018
Eligibility 7	Are current HPC grantees eligible to apply for the SHIFT-Care Challenge?	Yes, recipients of current and past HPC funding opportunities are eligible to apply as long as they are eligible Applicants (see Section III of the RFP for definition of Eligible Entity).	1/19/2018
Eligibility 8	Is a for-profit company (e.g., a digital health company) working with an eligible Provider or Provider Organization able to be a SHIFT-Care Applicant?	No. Only a Provider or Provider Organization is an Eligible Entity as described in Section III of the RFP.	1/26/2018
Eligibility 9	May multiple participants in a single ACO (e.g., a medical group practicing under a single TIN and an acute care hospital) each receive its own award?	Yes	1/26/2018
Eligibility 10	Does the operator of a PACE plan count as a provider to be a qualified applicant for a grant submission?	As long as the operator meets the definition of Provider or Provider Organization in Section III of the RFP, then it is an Eligible Entity.	2/2/2018
Eligibility 11	Is a MCO-administered MassHealth ACO participating in DSRIP eligible to apply to Track 1 as long as they can assure non-duplication of funding?	Yes, as long as Applicant is an Eligible Entity as defined in Section III of the RFP.	2/8/2018

Question Number	Question	Response	Date Posted
Evaluation 1	Can you share any specifics (such as criteria, scope, and depth) you are seeking for the evaluation of the intervention?	The HPC seeks an evaluation plan that builds the evidence base for the proposed care delivery model. An evaluation plan must be designed to determine the Initiative's performance on its primary aim and intermediate results, compared to a baseline or a comparison group. The baseline or comparison group should be thoughtfully constructed to minimize threats to validity of the conclusions. Applicants are welcome to include additional relevant elements, such as patient experience, or implementation evaluation, in the evaluation plan. The HPC has no specific requirement for methods. Applicants are required to explain why the proposed methods are appropriate (See Applicant Initiative Response Template (AIR) question 3).	1/19/2018
Evaluation 2	Are there any requirements about who is eligible to perform the evaluation (i.e. could graduate students perform it or does it have to be an outside evaluator?)	The HPC does not have specific requirements for who may perform the evaluation. However, the qualifications and experience of the individuals designing and overseeing the evaluation will be considered during review and selection, as part of the assessment of the strength and feasibility of the proposed evaluation design (see RFP p. 12).	1/19/2018
Evaluation 3	Can grantees spend award dollars to fund the evaluation?	Yes	1/19/2018
Partner/Partnership	If you are both a mental health and medical provider, who should partner with for track 2a?	If the Applicant already provides outpatient behavioral health care and medical care, the Applicant meets the partnership requirement for track 2A, and partnership with an external provider of outpatient behavioral health services or medical care is not required. If the Applicant does not provide both behavioral health services and medical care internally, partnership is required as explained in section I.B. of the RFP.	2/8/2018

Question Number	Question	Response	Date Posted
Proposal Submission 1	Will letters of agreement/support be accepted to demonstrate the strength of a partnership or ACO commitment to the Initiative?	Yes, letters of support, memoranda of understanding, and other documents that address a partner's/ACO's willingness to work together with the Applicant will be accepted as part of a Proposal.	1/26/2018
Selection Criteria 1	The RFP states that in determining awards, preference will be given to HPC-certified ACOs (including provisionally certified ACOs), ACO Participants, and CHART-eligible hospitals. Does this mean that in order to receive such preference an entity must be both part of an HPC-certified ACO and be CHART-eligible?	Preference will be given to an entity meeting one or more of the following criteria: the entity is an HPC-certified ACO (or a provisionally-certified ACO), the entity is an ACO Participant, and/or the entity is a CHART-eligible hospital. An Applicant does not have to be both an ACO/ACO Participant and a CHART-eligible hospital for this selection preference.	1/19/2018
Selection Criteria 2	Is there a preference for the lead organization to be a hospital or community based organization?	The Applicant must be an Eligible Entity as defined in Section III of the RFP	1/19/2018
Selection Criteria 3	Is the intent to fund programs in every county across the state?	The HPC will evaluate all Proposals that meet the minimum requirements described in Section VI of the RFP, in accordance with the selection criteria detailed in Section V of the RFP.	1/19/2018
Selection Criteria 4	How will HPC assess the "strength of evidence base of care delivery model in reducing avoidable acute care utilization?"	The HPC will review the Proposal for references to literature and other sources or supporting material which demonstrate how the model to be deployed by the Applicant's proposed Initiative has worked to drive improvements in care delivery consistent with the goals of the SHIFT-Care Challenge	1/26/2018
Target Population 1	Can the funding be used to expand DSRIP funded programs to serve non-Mass health ACO members?	Yes.	1/19/2018

Question Number	Question	Response	Date Posted
Target Population 2	Can you describe the target population in more detail? Who's eligible, who's not? Can they be uninsured, undocumented, incarcerated, etc.? Please also clarify the exclusion of CP enrollees-- aren't they all eligible for flexible funds? Are ACO enrollees that are not CP enrollees eligible?	Track 1 target population exclusions: The Behavioral Health (BH) and Long Term Services and Supports (LTSS) Community Partner (CP) population; the Community Partner population needs to be excluded from the Applicant's target population because they are eligible for flexible services as part of DSRIP. Track 2a target population exclusions: all MassHealth ACO and Community Partner populations.	1/19/2018
Target Population 3	Could you confirm whether or not applicants can propose populations with SUD that do not have SMI?	Yes, a Proposal's target population may include patients with Substance Use Disorder (SUD), Serious Mental Illness (SMI), co-occurring SUD and SMI, etc., as long as the patients for whom the program receives HPC SHIFT-Care funding are not also members of the MassHealth CP program – either BH or LTSS.	1/19/2018
Target Population 4	Are all MassHealth Community Partner populations excluded from SHIFT-Care Track 1 target populations or just a narrowly defined subset?	All MassHealth Community Partner (CP) populations are excluded from the target population for a Track 1 Proposal.	1/26/2018
Target Population 5	Can the target population include children or is this targeted to complex adult patients only when it comes to decreasing rehospitalizations and acute care visits?	Target populations for Tracks 1 and 2a may include children. Target populations for Track 2b may not include children under 18.	1/26/2018
Target Population 6	Our program is currently looking to expand its social work services. We are planning to apply to the Track 1 of the SHIFT Care Challenge grant and are wondering if you would support programs whose social services are provided primarily to families instead of children?	Yes	1/26/2018

Question Number	Question	Response	Date Posted
Target Population 7	For "CP population," it is our understanding that children < 21 will not be using the CP system for BH, so how will the eligible population be defined for children if they are not engaging with CP services but are engaging in CBHI / have serious BH needs?	Target population eligibility for each Track is: *Track 1 - limited to patients who are not eligible for flexible services spending. *Track 2a - limited to patients who are not also enrolled in a MassHealth ACO and/or CP. *Track 2b - limited to patients 18 years of age or older.	1/26/2018
Target Population 8	Can an individual who is BH CP eligible but not engaged be part of track 1? Could we propose an intervention where we target those who are BH CP eligible but not engaged after a certain period (i.e. 90 days)?	No	1/26/2018
Target Population 9	Track 1 excludes MassHealth CP populations (BH/LTSS) who are eligible for flexible services. Since we still don't know what the flexible services will be, could you provide any additional guidance on exactly what the excluded population is here?	The excluded population is the entire Behavioral Health and Long Term Services and Supports CP population.	1/26/2018
Target Population 10	For Track 2a can the target population be payer agnostic? Or must it specifically exclude MassHealth ACO patients?	There are track specific target population exclusions for MassHealth ACO and CP populations as noted in section I.B of the RFP and in the Applicant Initiative Response Template. Otherwise, the target population can be proposed without regard to payer.	2/8/2018
Tracks 1	Are Tracks 2a and 2b considered one award?	Each Track is a separate application and award, and Applicants considering applying for more than one Track should submit a separate application for each track. There are a total of three application pathways as part of the SHIFT-Care challenge.	1/19/2018
Tracks 2	Is patient enrollment in a substance use treatment program considered an acceptable intermediate result for Track 2?	Yes (see page 15 of the RFP)	1/26/2018